

Iowa Homeless Population Form for Use By Schools

	A. Last Name (first 4 letters)	B. Birth Date (use numbers)	C. Age	D. Male (M) Female (F)	E. Grade in school (see key)	F. Race (see key)	G. With Whom is the Child/Youth Living? (see key)	H. Living Situation if with parent (see key)	I. Living Situation if not with parent (see key)	J. Barriers to Enrollment (see key)	K. Barriers to Attendance (see key)	L. Primary Cause of Homelessness (see key)	M. Secondary Cause of Homelessness (see key)	N. Cause of Homelessness (if not with parent) (see key)	O. School Attendance (see key)	P. Difficulty in Gaining Access to Federal Programs (see key)	Q. Educational Needs (see key)	R. Programs/ services Provided by the School to Meet Educational Needs (see key)	S. Personal Needs (see key)	T. Programs/ Services Provided by Community Agencies to Meet Personal Needs (see key)
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BUILDING NAME _____ **BUILDING NUMBER** _____

District Name _____ **District Number** _____

KEY: For items A through D of the survey form, enter the information requested in the column heading. Refer to the Key on the back to determine what to enter for items E through T. Enter either a number or a letter for item E. Enter a number(s) for the remaining items. Enter the number(s) that corresponds to the response that applies to the homeless child or youth. Note that some items require only one response while for others all the responses that apply to this child or youth should be entered.

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E. Grade in school <i>(enter only one response):</i> Enter K or the grade 0r: N=not in school H=Head Start P=preschool E=even start C=child care	F. Race <i>(enter only one response):</i> 1 White 2 African-American 3 Hispanic 4 Native-American 5 Asian 6 Other (Specify):	G. With whom is the child/ youth living? (consider guardian, stepmother, and stepfather as a parent) <i>(enter only one response):</i> 1 Not with parent 2 Mother only 3 Father only 4 Two parents 5 Mother and friend 6 Father and friend 7. Other (Specify):	H. Current living situation of parent(s) if the child/youth is living with parent(s) <i>(enter only one response):</i> 1 Emergency shelter 2 Transitional housing 3 Domestic violence center 4 Car, camper, abandoned building 5 On the street 6 Relatives 7 Friend or acquaintance 8 Unknown 9 Other (Specify):	I. Current living situation if the child/youth is not living with parent(s) <i>(enter only one response):</i> 1 Emergency Shelter 2 Transitional Housing 3 Domestic violence center 4 Car, camper, abandoned building 5 On the street 6 Relatives other than parent 7 Friend or acquaintance 8 Unknown 9 Other 10 Shelter care (court placement) 11 Temporary placement in foster care due to lack of shelter care space 12 Homes for unwed mother or pregnant youth 13 Hospital or other facility if abandoned 14 Other (Specify):	J. Were barriers encountered that delayed enrollment? <i>(enter all that apply):</i> 1 No barriers were encountered 2 Residency requirements 3 Availability of school records 4 Birth certificate 5 Legal guardianship requirements 6 Transportation 7 Preschool programs not available 8 Immunization requirements 9 Physical examination records 10 Lack of parental cooperation 11 Language 12 Other (Specify):	K. Were barriers to attendance encountered? <i>(enter all that apply):</i> 1. No barriers were encountered 2.Transportation 3. Health 4 Lack of parental cooperation 5 Other (Specify):	L. Primary cause of homelessness as it applies to parent(s) when child/ youth is living with parent(s) <i>(enter only one response):</i> 1.Addiction 2.Divorce/family breakup 3.Domestic violence 4.Evicted within past week 5.Family/personal illness 6.Jail/prison of parent 7.Moved to seek work 8.Physical/mental disability 9.Unable to pay rent/mortgage 10.Unemployment 11.Loss of FIP or TANF 12.Unknown 13. Other (Specify):
M. Secondary cause(s) of homelessness as it applies to parent(s) when child/ youth is living with parent(s) <i>(enter all that apply):</i> 1. Addiction 2. Divorce/family breakup 3. Domestic violence 4. Evicted within past week 5. Family/personal illness 6. Jail/prison of parent 7. Moved to seek work 8. Physical/mental disability 9. Unable to pay rent/mortgage 10. Unemployment 11. Loss of FIP/TANF 12. Unknown 13.Other (Specify):	N. Cause of homelessness as it applies to child/youth when child/youth is not living with parent(s) <i>(enter only one response):</i> 1.Runaway (for whatever reasons) 2.Throwaway (cast out by parent(s)) 3.Abandoned 4.Mother or mother to be (not living with parent(s) or child's father for whatever reasons) 5.Parent/ guardian unable to care for the child or youth (Specify Reason): 6. Other (Specify):	O. School attendance <i>(enter all that apply):</i> 1.satisfactory 2.significant days missed for illness 3.significant days missed for reasons other than illness 4.significant late arrivals regularly attending school ("Significant" indicates a negative effect on school progress.)	P. Has the child/youth had difficulty gaining access to one or more of the following programs <i>(enter all that apply):</i> 1. Title I 2. Head Start 3. Even Start 4. Special Education 5. Bilingual Education 6. Safe and Drug Free Schools 7. Other (Specify):	Q. Educational needs of this child/youth <i>(enter all that apply):</i> 1. Tutoring/ remedial 2. Special Education 3. English as a second language 4. Counseling 5. School transportation 6. Free-reduced lunch/breakfast 7. School supplies 8. Preschool program 9. Parent involvement 10. Parent training 11. Records transfer 12. Other (Specify): It is important to respond to both items Q and R. This permits identification of both "met" and "unmet" needs for a specific child or youth.	R. Programs/ services the school provided to meet educational needs <i>(enter all that apply):</i> 1. Tutoring/remedial 2. Special Education 3. English as a second language 4. Counseling 5. School transportation 6. Free-reduced lunch/breakfast 7. School supplies 8. Preschool program 9. Parent involvement 10. Parent training 11. Records transfer 12. Other (Specify):	S. Personal needs of this child/youth <i>(enter all that apply):</i> 1. Health (vision, illness, immunizations, etc.) 2. Clothes 3. Personal items 4. Food 5. Emergency shelter for a few nights 6. Safe and adequate housing for an extended period of time (shelter care, transitional housing, other community supported housing) 7. Mental health services Enter items 8-12 if they apply to either the child/youth or parent(s): 8. Community Transportation 9. Childcare services 10. Agency coordination 11. Case management 12. Interpreter 13. Other (Specify): It is important to respond to both items Q and R. This permits identification of both "met" and "unmet" needs for a specific child or youth.	T. Programs/services provided by community agencies <i>(enter all that apply):</i> 1. Health (vision, illness, immunizations, etc.) 2. Clothes 3. Personal items 4. Food 5. Emergency shelter for a few nights 6. Safe and adequate housing for an extended period of time (shelter care, transitional housing, other community supported housing) 7. Mental health services Enter items 8-12 if they apply to either the child/youth or to the child/youth's parent(s): 8. Community Transportation 9. Childcare services 10. Agency coordination 11. Case management 12. Interpreter 13. Other (Specify):

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